## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

IIW -033

| CLAIMS AS FILED - PART I  |  |   |                                    |                                   |              |                  |          | SMALL ENTITY      |                        |      | OTHER THAN          |                        |  |
|---|--|---|------------------------------------|-----------------------------------|--------------|------------------|----------|-------------------|------------------------|------|---------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | (Column 1)                         |                                   | (Column 2)   |                  | T        | YPE [             |                        | OR   |                     | <b>,</b>               |  |
| TOTAL CLAIMS  |  |   | 6                                  |                                   |              |                  |          | RATE              | FEE                    | 1    | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILED                       |                                   | NUMBER EXTRA |                  | 8        | BASIC FEE         | 385.00                 | OR   | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 6 minus 20=                        |                                   | *            |                  |          | X\$ 9=            |                        | OR   | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |  |   | / minus 3 = /                      |                                   |              |                  |          | X43=              |                        | OR   | X86=                |                        |  |
| ML  | JLTIPLE DEPE                                   | NDENT CLAIM P                             | RESENT                             |                                   |              | · 🗆              |          | +145=             |                        | OR   | +290=               |                        |  |
| * If  | the difference                                 | e in column 1 is                          | less than zero, enter "0" in colum |                                   |              | olumn 2          | _        | TOTAL             |                        | OR   | TOTAL               | 77.0.                  |  |
| CLAIMS AS AMENDED - PART II   |  |   |                                    |                                   |              |                  |          |                   | <b></b>                |      | OTHER               | -:-                    |  |
|   | . '  | (Column 1)                                |                                    | (Colun                            |              | (Column 3)       |          | SMALL             | ENTITY                 | OR   | SMALL               |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGHI<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY  | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                              | **                                |              | =                |          | X\$ 9=            |                        | OR   | X\$18=              |                        |  |
|   | Independent                                    | * .                                       | Minus                              | ***                               | 01.4114      | =                |          | X43=              | -)-                    | OR   | X86=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                    |                                   |              |                  |          | +145=             |                        | OR   | +290=               |                        |  |
| TOTAL   |  |   |                                    |                                   |              |                  |          |                   |                        | OR   | TOTAL               |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                    |                                   |              |                  |          | DIT. FEE L        | •                      | Un,  | ADDIT. FEE          |                        |  |
|   |  | (Column 1)<br>CLAIMS                      |                                    | HIGHE                             |              | (Column 3)       | _        | <sub>1</sub>      | ADDI                   | 1 1  |                     | 1001                   |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           | ·                                  | NUME<br>PREVIO<br>PAID F          | USLY         | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                              | **                                |              | = .              |          | X\$ 9=            |                        | OR   | X\$18=              |                        |  |
|   | Independent                                    | *   | Minus                              | ***                               |              | =                |          | X43=              |                        | OR   | X86=                |                        |  |
| `   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |                                   |              |                  |          |                   |                        | UR   |                     |                        |  |
|   |  |   |                                    |                                   |              |                  |          | 145=              |                        | OR   | +290=               |                        |  |
|   |  |   |                                    |                                   |              |                  | ADI      | TOTAL<br>DIT. FEE |                        | OR , | TOTAL<br>ADDIT. FEE |                        |  |
|   |  | (Column 1)                                |                                    | (Colum                            |              | (Column 3)       |          |                   |                        |      |                     |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                                  | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA | F        |                   | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                              | **                                |              | =                | )        | <b>(\$ 9=</b>     |                        | OR   | X\$18=              |                        |  |
|   | Independent                                    | *   | Minus                              | ***                               |              | =                | <b>\</b> | X43=              |                        |      | X86=                |                        |  |
| ٧   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |                                   |              |                  |          |                   |                        | OR   | 7.00-               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                                    |                                   |              |                  |          |                   |                        | OR   | +290=               |                        |  |
| ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                    |                                   |              |                  |          |                   |                        |      |                     |                        |  |